

Division of Health Care Facilities

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: TN0502	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/05/2011
NAME OF PROVIDER OR SUPPLIER COLONIAL HILLS NURSING CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 2034 COCHRAN RD MARYVILLE, TN 37803	

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
N 508 SS=D	<p>1200-8-6-.05(5)(b) Admissions, Discharges, and Transfers</p> <p>(5) Facilities utilizing secured units must be able to provide survey staff with twelve (12) months of the following performance information specific to the secured unit and its residents:</p> <p>(b) Ongoing and up-to-date documentation of quarterly review by each resident's interdisciplinary team as to the appropriateness of placement in the secured unit;</p> <p>This Rule is not met as evidenced by: Based on medical record review and interview, the facility failed to perform an interdisciplinary team (IDT) quarterly review for appropriate placement in the facility's secure unit for one resident (#21) of three secure unit residents reviewed.</p> <p>The findings included:</p> <p>Resident #21 was admitted to the facility January 21, 2011, with diagnoses including Alzheimer's Dementia, Diabetes Mellitus, Hypertension, and Congestive Heart Failure.</p> <p>Medical review of the nurse's note dated March 3, 2011, revealed "...placed on the secure unit for intrusive wandering behavior..."</p> <p>Medical record review of the "Secure Unit Continued Placement Evaluations" for the resident, dated May 25, 2011, and October 3, 2011, revealed there was no quarterly evaluation for August 2011.</p> <p>Interview with RN (Registered Nurse) # 4, October 5, 2011, at 1:05 p.m., in the hall outside</p>	N 508	<p>N 508: Admission, Discharges and Transfers</p> <p><u>1) What corrective actions will be taken to correct this alleged deficient practice?</u></p> <p>a) The interdisciplinary team for proper placement in the secure unit on 10/03/2011 and a secure unit placement evaluation was completed reviewed Resident #21.</p> <p><u>2) Identify residents that have the potential to be affected by the alleged deficient practice?</u></p> <p>a) The resident on the secure unit have the potential to be affected.</p> <p>b) 100% audit of all secure unit evaluations was conducted on 10/03/2011 by IDT with update reviews completed at that time as necessary.</p> <p><u>3) What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur?</u></p> <p>a) Secure unit placement evaluations will be reviewed quarterly on the MDS schedule by the IDT.</p> <p>b) Social Service Director will maintain a tracking log of The Secure Unit Placement form weekly time 4 weeks and monthly for 2 months.</p> <p>c) The Executive Director will audit the tracking log for the secure unit placement form weekly time 4 weeks and monthly for 2 months.</p>	

Division of Health Care Facilities

REGULATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

FORM

0599

BNDL11

TITLE
Alanta

(X6) DATE

10/24/2011

If continuation sheet 1 of 2

Division of Health Care Facilities

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: TN0502	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 10/05/2011
NAME OF PROVIDER OR SUPPLIER COLONIAL HILLS NURSING CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 2034 COCHRAN RD MARYVILLE, TN 37803		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETE DATE
N 508	Continued From page 1 the business offices, confirmed the quarterly IDT review for continued placement in the secure unit was not completed after May 25, 2011, until October 3, 2011.	N 508	<p><u>4) How the corrective action(s) will be monitored to ensure the deficient practice will not recur and what quality assurance program will be put into place?</u></p> <p>a) The Executive Director will report the result of the secure unit audit to the Performance Improvement Committee for 3 months.</p> <p>b) The Performance Improvement Committee will review these results; and if deemed necessary by the committee, additional education may be provided; the process evaluated/revised and/or the audits reviewed, for three months or until 100% compliance is achieved.</p>		11/4/2011